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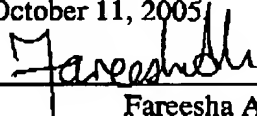
OCT 11 2005

To	Commilssioner for Patents
Company	USPTO
FAX	(571) 273-8300
From	Michael C. Badia
Date	October 11, 2005
Subject	Application No. 10/722,374 Attorney Docket No. VPI/00-130-08 CON US Response to Office Action
Total Pages	23

Message or Comment

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OCT 11 2005

Attorney Docket No.: VPI00-130-08 CON US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/722,374
Confirmation No.: 8573
Filing Date: November 25, 2003
Examiner: Balasubramanian, Venkataraman
Group Art Unit: 1624
Applicants: Bebbington, et al.
For: PYRAZOLE COMPOUNDS USEFUL AS PROTEIN KINASE
INHIBITORS

Certificate Of Facsimile Transmission Under 37 CFR 1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office at Fax No. 571 273 8300 on October 11, 2005.


Signature

Fareesha Ali
Typed or Printed Name

October 11, 2005
Cambridge, Massachusetts

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☒ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ ; to be filed in the above-identified patent application.

Applicants.: Bebbington, et al.

Application No.: 10/722,374

FEE FOR ADDITIONAL CLAIMS☒ A fee for additional claims is not required.☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	0 - 39	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	0 - 6	** =	X \$ 200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$ 360	= \$
* If less than 20, insert 20.				TOTAL \$ 0
** If less than 3, insert 3.				

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Applicants: Bebbington, et al.

Application No.: 10/722,374

MISCELLANEOUS FEES

- [] Please charge \$_____ to Deposit Account No. 50-0725 in payment of the fee for a Notice of Appeal (37 C.F.R. §41.20(b)(1)).
- [] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § _____, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,



Michael C. Badia, Reg. No. 51,424

Agent for Applicants

c/o Vertex Pharmaceuticals Incorporated
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Tel: (617) 444-6467
Fax: (617) 444-6483
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FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$360	= \$
			TOTAL	\$ <u>0</u>

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